Participant must provide all of the information below in English:

Participant's contact information including amail address and that the

if any:	thiormation, including email address, and that of its counsel,
Participant's Name:	laría del R. Flores Lazzarini
Participant's Address:	b. Alturas de Covadonga Baja, P. P. 00949 0-3 Salvador Brau St. Toa Baja, P. P. 00949
Participant's Email Address:	nariaflores lazzarinia gmail-com 3
Name of Counsel:	- 0 -
Address of Counsel:	- o -
Email Address of Counsel:	_ 0
2. Participant's Claim	number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim:	
By: Mana W. Flores Signature	Lazzarini
Maria del P. Flore Print Name	es gazzarini
-	
Title (if Participant is not a	n individual)
September,	2021

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Participant must provide all of the information below in English:

1. Participant's c	ontact information, including email address, and that of its counsel,	
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Participant's Name:	Nannette Muniz Jiménez	
Participant's Address:	22 Calle Apprecife Hacienda La Sabana Quebradillas, PR 00678	
Participant's Email Address:		
Name of Counsel:	N/A	
Address of Counsel:	N/A	
Email Address of Counsel:	NIA	
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	# 74238	
Nature of Claim:	Public Employer and Pension Retires Clai	m
By: Jaurolle Wi	iniz fimenez	
Name He Mu Print Name	iniz Jimenez	
Individua	<u>(</u>	
Title (if Participant is	s not an individual)	
10 04 202 Date		

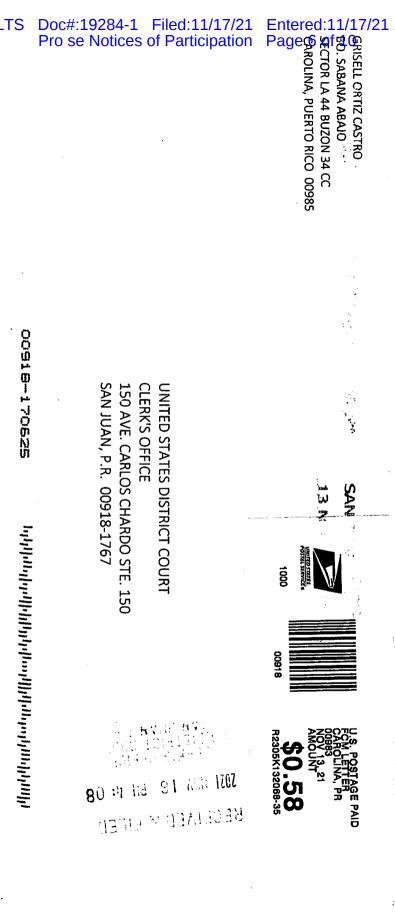
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Carlos Chardon Ste. 150



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Ortsell Ortiz Castrao
Participant's Address: Bo Sabana Abajo Sector 29 44 #34
Participant's Email Address: 91150101172 gmail Canolina DIC 00785
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:  Claim Number: 178K-3283-L75
Nature of Claim:  By: Signature  Grisell Diffy (GSTR)  Print Name
Title (if Participant is not an individual)  5 Noviembre 2027  Date



SRF 55923

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any.	
Participant's Name:	Diana A. Vazquez Torres
Participant's Address:	Urb. Las Antillas PR Street E-25, Salina
Participant's Email Address:	risita vazquez @ yahoo.com
Name of Counsel:	N +
Address of Counsel:	AIA
Email Address of Counsel:	NIA
2. Participant's (	Claim number and the nature of Participant's Claim:
Claim Number:	132271
Nature of Claim:	PROMESO, Title III \$30 5 5
By: Diara a Vair Signature	y Sons
Diona A. Vaza	quez Torres
Print Name	
Ala	The state of the s
Title (if Participant is	not an individual)
Nov-08-2021	
Date	

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Participant must provide all of the information below in English:

if any:	aress, and that of its counsel,
Participant's Name: Leyton Solier	Román
Participant's Name: Leyton Solier Marticipant's Address: Calle: José M. Angeli H.	4445UV GMa. P.R. 0078
Participant's Email Address: leyton solier romano	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	820 II
2. Participant's Claim number and the nature of Particip	pant's Claim:
Claim Number: 161196	7. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Nature of Claim: Romesa Title III N	0.17BK3283-LTS
By: Tyto A S	entral constant of the second
Signature	
Leyton Solier Roman	
Film Name	
Title (if Participant is not an individual)	
12 de octubre de 2021	
Date	

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